

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541143

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		2		1		
10		2		1		
11	1		1			
12		1		1		
13		2		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		2		1		
20		1		1		
21		1		1		
22		①	1			
23		1	1			
24		1	1			
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						